

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-575)**

ORIGINAL NO.

10/568782

FILED DATE

AMOUNT PAID

**CLAIMS**

	AS FILED		AFTER CANCELLATION		AFTER CANCELLATION			AS FILED		AFTER CANCELLATION		AFTER CANCELLATION	
	IND.	DEF.	IND.	DEF.	IND.	DEF.		IND.	DEF.	IND.	DEF.	IND.	DEF.
1							51						
2							52						
3							53						
4							54						
5							55						
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42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	1						TOTAL IND.						
TOTAL DEF.	7						TOTAL DEF.						
TOTAL CLAIMS	8						TOTAL CLAIMS						